

Permit No. **A. 1101** **Board of Health, City of Baltimore,**
Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within forty-eight hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No Permit for Burial can be obtained without a Registrar Certificate.



CERTIFICATE OF DEATH.

Date of Death, *July 8th 1887*

Full Name of Deceased, *Julia Steiner* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Female* { Cross out the word not required in this line. }

Age, *53* Years, _____ Months, _____ Days.

Color, *Caucasian*

Married, *Single*, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *Domestic*

Birthplace, *Annasundel Co* { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *28* years.

Place of Death, *616 Madam St.* { Give street and number. }

Cause of Death, *Consumption* { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness, *one year*

Place of Burial, *Laurel Cemetery*

Date of Burial, *July 10th 1887*

Undertaker, *William Dungee*

Place of Business, *160 East St*

Medical Attendant, *Geo W Barkman M.D.*

Address, *818 E Fayette St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.
SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.
[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 1102 Office of Registrar of Vital Statistics.

Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7/87 11.40 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrietta M. Pohler

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 38 Years, 11 Months, 22 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, House wife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give Street and Number. } 30 East Pratt St

Cause of Death, { First (Primary), Second (Immediate), } Desquamative Nephritis
Uremia - Coma

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 10th 1887

Undertaker, Fred Gaede J. S. Lang M. D.

Place of Business, 108 S. Caroline 105 So High St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1103 Office of Health Department Vital Statistics.

Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, Dec. 8th 1887

Full Name of Deceased, Willie L. Blaggett { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male ~~Female~~ { Cross out the word not required in this line. }

Age, 18 Years, 0 Months, 0 Days

Color, Black

Married, Single, Widow ~~or~~ Widower { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 112 Argonne St. { Give Street and Number. }

Cause of Death, Cholera { First (Primary), Second (Immediate), }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 10 1888

Undertaker, J. A. Payne

Place of Business, 302 N. Gay St. Address, 211 N. Howard St.

G. W. Kistner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No.

A 1104

Office of Registrar of Vital Statistics.

Ward

14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 9 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Louis Brecht

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

26 Years,

11 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Engineer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

2314 Boston Street

Cause of Death, { First (Primary), Second (Immediate), }

Alcoholic Intemperance
Paralysis of Heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

11 July 1887

Undertaker,

John F. Smith

Place of Business,

265 North Avenue

Address,

103 N. Broadway

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1105

Office of Registrar of Statistics.

Ward 114

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 9, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of Mrs. and Matilda Farrell

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, Months, 7 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 437 L. Monument St.

Cause of Death, { First (Primary), Effect of heat Second (Immediate), Convulsions }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter

Date of Burial, July 12, 1887

{ Undertaker, R. S. Scriven } A. Edward J. M. D.

{ Place of Business, 925 Madison } Address, 132 W. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1106 Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 9th/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robt Campbell

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, one Years, 7 Months, 0 Days.

Color, Dark brown

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, None ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, 17 months

Place of Death, { Give Street and Number. } 1205 Lenox St

Cause of Death, { First (Primary), Second (Immediate), } Scething Carbuncle
Cholera Infusum with

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 10th/87

{ Undertaker, Alex Hemmley Benj L Bohm M. D. Medical Attendant.

{ Place of Business, 561 Orchard Address, cor Mulberry & Green Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A 1107*

Office of *REGISTRATION* Statistics.

Ward *72*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, *8 July 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Bessie Wilson*

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *6* Years, *6* Months, *72* Days.

Color, *C colored*

Married, *Single, Widow or Widower*, { Cross out the words not required in this line. }

Occupation, *W*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *N York*

Duration of Residence in the City of Baltimore, *one year*

Place of Death, { Give Street and Number. } *930 Tyson street*

Cause of Death, { First (Primary), Second (Immediate), } *Fall from upper story house*
fracture of back struck from
about one hour

Duration of Last Sickness, *about one hour*

All the above information should be furnished by the Physician

Place of Burial, *Sharp St*

Date of Burial, *July 18 1887*

{ Undertaker, *Alex Hensley* *C B Gamba* M. D. Medical Attendant.

{ Place of Business, *561 Orchard St* Address, *925 Cathedral*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1108

Office of Registrar of Vital Statistics.

Ward 20th

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CERTIFICATE OF DEATH.

Date of Death, July 8th 1887

Full Name of Deceased, Maria Cole
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female
{ Cross out the word not required in this line. }

Age, 4 Years, 6 Months, 7 Days.

Color, Gold

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, _____

Birth Place, St Marys Co
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 24 years

Place of Death, 1035 Shields Hwy
{ Give Street and Number. }

Cause of Death, Consumption
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 10th 1887

{ Undertaker, Alex Kinsley } James H. Kinsley M. D.

{ Place of Business, 56 Orchard St } Address, Engle & Co

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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John M. De Grey Inspector

[OVER.]

No. 7709

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1109 Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peretz Plink

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 9 Years, 5 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } X

Occupation, X

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } N 407 N Eutan St

Cause of Death, { First (Primary), Second (Immediate), } Cholera infantum
Rectal abscess, Cumulus

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Gloyd at Cemetery

Date of Burial, July 10th 1887

{ Undertaker, J. D. Soudheim

{ Place of Business, 120 N. Green St Address, 310 N Eutan St

A. Friedewald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1110 Office of Registrar of Vital Statistics.

Ward 16th

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, _____

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rodina Collins

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 3 Months, _____ Days.

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } ☒

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 3 _____

Place of Death, { Give Street and Number. } 218 W. Hamburg

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, July 10 1887

Undertaker, W. McChesney

Place of Business, 641 Howard St.

Rodina Collins

M. D.

Medical Attendant.

Address, 816 Ryer

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]